



Resources

Consent in Adults, Adolescents and Children in Emergency Departments [<link>](#)

Early Management of the Paediatric Forearm Fracture - BOA Standard [<link>](#)

Facing the Future - standards for children and young people in emergency care settings - RCPCH [<link>](#)

Forearm Fracture Manipulation in the Children's Emergency Department - BestMSK [<video link>](#)

Intravenous Regional Anaesthesia for Distal Forearm Fracture - RCEM [<link>](#)

Ketamine Procedural Sedation for Children in EDs - RCEM [<link>](#)

Management of Pain in Children - RCEM [<link>](#)

NICE guideline [NG38] - Fractures (non-complex): assessment and management [<link>](#)

Paediatric Trauma and Orthopaedic Surgery GIRFT Report [<link>](#)

Procedural Sedation in the Emergency Department - RCEM [<link>](#)

***Is the fracture / patient a candidate a forearm manipulation in the ED?**
The decision to manipulate in the ED or under anaesthetic should be taken by the ED, the orthopaedics department, the patient and their carer.

Inclusion criteria:

- Able to comply with analgesia/sedation

****Analgesia & sedation**

RCEM analgesia & sedation protocols [<link>](#)

Typical selections for analgesia protocols could include:

- intranasal opiate and nitrous oxide; and
- ketamine.

Reference

Kurien T, Price KR, Pearson RG, Dieppe C, Hunter JB. **Manipulation and reduction of paediatric fractures of the distal radius and forearm using intranasal diamorphine and 50% oxygen and nitrous oxide in the emergency department: a 2.5-year study.** *Bone Joint J.* 2016 Jan;98-B(1):131-6. doi: 10.1302/0301-620X.98B1.36118. PMID: 26733526. [<link>](#)